([]E] 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

OMB No 1545-1150 **2017**

nen to Publ

Department of the Treasury Internal Revenue Service

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

<u>A</u>	For the 2	2017 calendar year	r, or tax year beginning	, 2017, an	d ending		, 20	
В	Check if ap	c Name of organization ess change —Building Alabama Reinvestment				D Employer identification number		
<u>.</u>	Address ch					47-2065050		
Ц	Name char				Room/suite	E Telephon	e number	
X	Initial return				1			
∐ .	Final retum		00 1st Ave N Unit 12		B106	(205) 250-6380	
<u> </u>	Amended r	eturn City or	town, state or province, country, and ZIP or foreign postal co	de		F Group Ex	emption	
_	Application		mingham, AL 35203			Number		
		-	Cash ☐ Accrual Other (specify) ►		٢		if the organizat	ion is not
	Website					•	tach Schedule B	
			only one) - 🗶 501(c)(3) 🔲 501(c)() ◀ (ins		or 527	(Form 990, 99	90-EZ, or 990-PF)
		organization. 🛛 C		_				
			ine 9 to determine gross receipts. If gross rece					
	art.I⊹		\$500,000 or more, file Form 990 instead of For					55,000
<u> </u>	art (1%)		openses, and Changes in Net Asse		•		•	딦
	1		ganization used Schedule O to respond grants, and similar amounts received .		nis Pait i		1	
	2		evenue including government fees and contra			· · · · · ⊢	2	55,000
	3		and assessments			<u> </u>	3	
20	4	Investment income		• • •		· · · · · · · · · · · · · · · · · · ·	4	
	5a		n sale of assets other than inventory	- i 5a	. <i>.</i>		-	
SCANNED	1		•	51			•	
	1		sale of assets other than inventory (Subtract li	_			5c	
M	6	Gaming and fundra		05			=	
	a	_	gaming (attach Schedule G if greater than			1		
割				6a	.]	
vei)	ь	·	fundraising events (not including \$		of contribution	ons	1	
[[Rêveijûeh		from fundraising ev	ents reported on line 1) (attach Schedule G if t	he	•		i i	
		sum of such gross	income and contributions exceeds \$15,000)	6t	,			
2018	C	Less direct expens	ses from gaming and fundraising events	60	;			
ထ	d	Net income or (loss	s) from gaming and fundraising events (add line	es 6a and 6b and sub	tract		- [
		line 6c)					6d	
	7a	Gross sales of inve	entory, less returns and allowances	<u>7</u> a	<u> </u>]		
	b	Less cost of goods	s sold		<u> </u>		-	
	С		ss) from sales of inventory (Subtract line 7b from	•		<u> </u>	7c	
	8	•	scribe in Schedule O)			· · · · · -	8	
			dd lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<u></u>	<u></u>		9	55,000
	10		amounts paid (list in Schedule O)	• • • • • • • • •	• • • • • •		10	
	11	Benefits paid to or		• • • • • • • • • •	• • • • • • •	F-	11	
ŝ	12		npensation, and employee-benefits		• • • • • •	F-	12	01 565
ens	13	Occupancy sent u	and other payments to independent contractors	<u> </u>		F-	13	21,565
Expenses	14		itilities, and maintenance	<u>[8]</u>		⊢	14 15	10,396 125
	16		escribe in Schedule O)	η ι		 	16	19,667
	17		Add lines 10 through 16			F-	17	51,753
	18		for the year (Subtract line 17 homeline 9)	HI H	·····		18	3,247
şţ	19		balances at beginning of year (from line 27, co	blumn (A)) (must sare		<u> </u>		3,241
SSE			reported on prior year's return)			1	19	
Net Assets	20		net assets or fund balances (explain in Schedu			<u> </u>	20	
Ž	21	_	balances at end of year Combine lines 18 thre	•		· · · · · · · -	21	3,247
<u></u>			t Notice see the constate instructions					0 EZ (2017)

_	m 990-EZ'(2017) Building Alabama Reinves Building Balance Sheets (see the instructions for Part II)				0650	
	Check if the organization used Schedule O to response	oond to any question	in this Part II			<u>.</u> . <u></u>
			(A)	Beginning of year		(B) End of year
22	Cash, savings, and investments		[0	22	3,247
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O)			0	24	0
25	Total assets			0	25	3,247
26	Total liabilities (describe in Schedule O)			0	26	0
27	Net assets or fund balances (line 27 of column (B) must agree	with line 21)		0	27	3,247
-	andlild Statement of Program Service Accomplishme)		
	Check if the organization used Schedule O to res	spond to any questic	n in this Part II	<u> </u>		Expenses
Wr	at is the organization's primary exempt purpose? Build inves				1 ' '	uired for section
					1	c)(3) and 501(c)(4)
	scribe the organization's program service accomplishments for each measured by expenses. In a clear and concise manner, describe the				orgar	nizations, optional for
	sons benefited, and other relevant information for each program title	,	; number or		other	s)
_	To increase fair and equal access to credi				 	
	banking services/products to low- to moder					
	communities.	uto income			1	
	(Grants \$ 55,000) If this amount inc	cludes foreign grants, cl	neck here		28a	51,753
29	(States # 33,000 / 11 till 3 till 0 till 11	naco la eigh grants, ci	lack rid c	····	204	31,733
23						
	(Crants \$	cludes foreign grants, cl	nock boso		200	
30	(Grants \$) If this amount inc	nudes loreign grants, cr	ieck nere	···· - <u>- </u>	29a	
30					1	
						
					1	
		cludes foreign grants, cl			30a	
31	Other program services (describe in Schedule O)			_		
		cludes foreign grants, cl			31a	
	Total program service expenses (add lines 28a through 31a)				32	
Į,	List of Officers, Directors, Trustees, and Key Emplo					
	Check if the organization used Schedule O to respond to	o any question in this P			$$ τ	<u></u>
		(b) Average	(c) Reportable compensation	(d) Health benefits contributions to emp		(e) Estimated amount of
	(a) Name and title	hours per week	(Forms W-2/1099-MI		- 1	other compensation
_		devoted to position	(if not paid, enter	0-) deferred compensa	ation	
	ry E Judah		l	į	1	_
_	esident	15.00		_q	<u> </u>	0_
	melia Harris		1	1	1	
_	easurer	1.00	<u> </u>	_ q	_ q	0
	abel C Rubio		i		- [
	cretary	1.00	<u> </u>	_q	q	0
Ro	n Gilbert		l		ļ	
_	rector	1.00		_ o	q	0_
Кe	lleigh Gamble Gamble	}	1		Ì	
Di	rector	1.00		_ d	d	0_
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Form **990-EZ** (2017)

				-
Form 9	990-EZ (2017) Building Alabama Reinvestment 47-20650	250		Page 3
,	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements in the	,,,,,	<u>'</u>	age 3
<u> </u>	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			П
	instituctions for Fart V.) Officek if the organization used Schedule O to respond to any question in this Fart V	<u>· · ·</u>	Yes	No
33	Old the engagement on any compliance activity not are involved at the IDCO IS Myor II are under		res	NO
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			_V
24	detailed description of each activity in Schedule O	33	-	X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	1		1
	change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		<u> </u>
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,		1	1
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	ì	1	Ì
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b	1	X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	1	X
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter	1		
а	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	1	ì	1
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under.	1		
	section 4911 ▶ , section 4912 ▶ ; section 4955 ▶		Ì	
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958		}	}
_	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь		X
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	100	 	1
Ū	on organization managers or disqualified persons during the year under sections 4912,	1		
	4955, and 4958			}
А	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
u		1		
_	40c reimbursed by the organization			İ
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	1]	-,
24	transaction? If "Yes," complete Form 8886-T	40e	L	X
41	List the states with which a copy of this return is filed			
42 a			380	
	Located at ► 2446 Clovis Road, Huntsville, AL ZIP+4 ► 35803		- 1	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	-	Yes	No_
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		_ <u>X</u>
	If "Yes," enter the name of the foreign country]	1	,]
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and		Ţ	
	Financial Accounts (FBAR)		-	
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country			_
43	Section 4947(a)(1) nonexempt chantable trusts filing Form 990-EZ in lieu of Form 1041-Check here	<i></i>	►	. [
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43	1		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		X

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

c Did the organization receive any payments for indoor tanning services during the year?

d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

44d

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

Form 9	990-EZ (2017) Buildi	ng Alabama	Reinvestment				47-2	065050	Page 4
•									Yes No
46	Did the organization engage, directly		-	ties on behalf	of or in oppo	sition			
	to candidates for public office? If "Y			<u> </u>	<u> </u>	<u></u>	<u> </u>	46	<u> </u>
Par	rt VI Section 501(c)(3) orga			47 40	راد ما در ا			tablaa far	linaa
	All section 501(c)(3) or 50 and 51.	gariizauoris r	nust answer questi	ons 47 - 4:	ob and 52,	and cor	npiete trie	lables for	iiies
	Check if the organization	on used Sche	odule O to respond	to any que	estion in thi	ic Part \	/\		П
	Oncok ii trie organizati	on asca och	duic o to respond	to arry que	230011 111 011	is i ait v		· · · · · ·	Yes No
47	Did the organization engage in lobby	ving activities or	have a section 501(h) e	lection in effe	ct dunna the i	tax			1.50
	year? If "Yes," complete Schedule C				-			47	1
48	Is the organization a school as desc							48	X
49 a	Did the organization make any trans	fers to an exemp	t non-charitable related	organization?				49a	
b	If "Yes," was the related organization		*					49b	
50	Complete this table for the organization	-		•			•		
	employees) who each received more	e than \$100,000	of compensation from th	e organizatioi	o If there is r	one, ente	r "None "		
		1	(b) Average	(c) Repo	ortable	(d) Health	benefits, s to employee	(e) Estimate	ed amount of
	(a) Name and title of each employee	e	hours per week devoted to position	compe (Forms W-2/		benefit plans	, and deferred	other co	mpensation
				(r dillis vi-z	1055-1111007				
NON		}							
	-	-		 					
				<u></u>					
		1							
				<u> </u>					
	Total number of other ampleuses as	rd ==== \$100,000		<u> </u>				L	
51	Total number of other employees pa Complete this table for the organizati			ent contractor	who each re	ecewed m	ore than		
•	\$100,000 of compensation from the				o who caon is		oro a car		
	(a) Name and boundaries of each		_ 		T	-	Ι.		
	(a) Name and business address of each		or	(0)	Type of service		("	c) Compensatio	л
	_								
NON	<u>E</u>						 		
				 -					
				 			 		
				}					
		··							
				<u></u>			<u> </u>		
				<u></u>			<u> </u>		
	Total number of other independent of		• .		·				
52	Did the organization complete Sche completed Schedule A							▶ 🏿 Yes	s ∏ No
Unde	r penalties of perjury, I declare that I have								
	correct, and complete. Declaration of prep		, ,				•	rage and bollo	,,o
	Robert Dickerso						04-06	-2018	
Sig	Signature of officer					Date			
Her	e Robert Dickerso	n, Preside	nt						
	Type or print name and title	<u> </u>							
	ant/Type preparer's name	/ // /	eparer's signature		Date	ļ	Check I if	PTIN	
Paid			mothy B Clay EA		05-07-201	7 -	self-employed	P00014	408
			usiness Cnslts	Inc		Firm's	EIN >		
USe	·	nd Ave S U					* * * -	405 000	^
May	the IRS discuss this return with the pr	enarer shown at				Phone	no. 205-	425-9000 ► \ Yes	
IVIAY	the into discuss this return with the pr	charet anomii at	ove, see manualons		. <u></u>	<u>····</u>	<u> </u>		90-F7 (2017)

SCHEDULE A

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

Employer identification number

<u>3u1</u>	Idi	ng Alabama Reinvestment					47-20650	50		
Pa	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.									
The	orgai	nization is not a private foundation bec	ause it is: (For lines	s 1 through 12, check onl	y one box)				
1		A church, convention of churches, or	association of chu	rches described in sect	ion 170(b)	(1)(A)(i).				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3		A hospital or a cooperative hospital s	ervice organization	n described in section 1	70(b)(1)(A)(iii).				
4		A medical research organization ope	•				(1)(A)(iii), Enter the			
	_	hospital's name, city, and state.	,				() ()			
5	П	An organization operated for the bene	efit of a college or u	iniversity owned or opera	ted by a o	overnmen	tal unit described in			
	_	section 170(b)(1)(A)(iv). (Complete		or or opera						
6	П	A federal, state, or local government	•	nit described in section	170/b\/1\/	Δ\(,,\				
7	X	An organization that normally receive					n the general nublic			
•	123	described in section 170(b)(1)(A)(vi	· ·	• • • • • •	CITILITICITICAL	unit or nor	n the general public			
8				•						
	H	A community trust described in section					with a touch grount and			
9	П	An agricultural research organization						ege		
		or university or a non-land-grant colle	ge or agriculture (s	ee instructions) Enter th	e name, cit	y, amo stat	e of the college of			
	\Box	university	- (4) 15 22	4/20/ -6.4						
10	Ц	An organization that normally receive	• •	• •				S		
		receipts from activities related to its e	•	•	•	•				
		support from gross investment income		•		•	rom businesses			
	\Box	acquired by the organization after Ju		, ,, ,		•				
11	H	An organization organized and opera	•	•						
12	П	An organization organized and opera	-							
		of one or more publicly supported or	=				•	• •		
		Check the box in lines 12a through 12				•	•	-		
	а	Type I. A supporting organization		•		-		/ing		
		the supported organization(s) the	•	•	ity of the d	rectors or	trustees of the			
		supporting organization You mu	•							
	b	Type II. A supporting organization								
		control or management of the sup			rsons that o	control or n	nanage the supporter	1		
		organization(s). You must comp								
	C	☐ Type III functionally integrated		•				with,		
		its supported organization(s) (se		· · · · · · · · · · · · · · · · · · ·						
	d	☐ Type III non-functionally integ					· · · -			
		that is not functionally integrated	-	•		•	it and an attentivenes	S		
		requirement (see instructions) Y	•		· ·					
	е	Check this box if the organization				a Type I,	Type II, Type III			
	_	functionally integrated, or Type II		ntegrated supporting orga	anization					
	f	Enter the number of supported organ					• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		
	<u>g</u>	Provide the following information abo								
	()	Name of supported organization	(ii) EIN	(III) Type of organization (described on lines 1-10	(IV) is the o	-	(v) Amount of monetary support (see	(vi) Amount of other support (see		
				above (see instructions))	docum		instructions)	instructions)		
					Yes	No				
(A)					}	}				
					 	 	 			
(B)]		1					
					 					
(C)			[
(D)					t					
(D)										
(E)										
						<u> </u>				

Building Alabama Reinvestment Schedule A (Form 990 or 990-EZ) 2017 47-2065050 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants ") 55,000 55,000 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities fumished by a governmental unit to the organization without charge Total. Add lines 1 through 3 55,000 55,000 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 45,900 Public support. Subtract line 5 from line 4 . . 9,100 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Amounts from line 4 55,000 55,000 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 . 55,000 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 16.55 15 Public support percentage from 2016 Schedule A, Part II, line 14 % 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this

	box and stop here. The organization qualifies as a publicly supported organization	▶	
b	33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check		
	this box and stop here. The organization qualifies as a publicly supported organization	•	
17a	10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is		
	10 % table and an extraction to the control of the		

- 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in

 Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.
- 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part I
If the organization fails to qualify under the tests listed below, please complete Part II \

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					}	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	<u> </u>		<u> </u>	<u> </u>	<u> </u>	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b	<u> </u>			<u> </u>		
8	Public support. (Subtract line 7c from line 6)	* * * * * * * * * * * * * * * * * * * *				<u> </u>	
	ction B. Total Support			·			
	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6		 	ļ	 -	ļ <u>.</u>	
l0a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	ı					
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
3	Total support. (Add lines 9, 10c, 11, and 12)						
4	First five years. If the Form 990 is for the or organization, check this box and stop here						▶ □
Sec	ction C. Computation of Public Su						
5	Public support percentage for 2017 (line 8, co	• • •	•	f)) . .		15	%
16	Public support percentage from 2016 Schedu			<u></u>	<u> </u>	. 16	%
	ction D. Computation of Investmen						
17	Investment income percentage for 2017 (line						%
18	Investment income percentage from 2016 Se					<u> </u>	%
19a	33 1/3% support tests - 2017. If the organiz 17 is not more than 33 1/3%, check this box						▶ □
b	33 1/3% support tests - 2016. If the organize line 18 is not more than 33 1/3%, check this	box and stop her	re. The organization	on qualifies as a p	ublicly supported o	organization	
20_	Private foundation. If the organization did r	not check a box or	n line 14, 19a, or 1	9b, check this box	x and see instruction	ons	<u> ▶ □</u>

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

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	10b		

	ule A (Form 990 or 990-EZ) 2017 Building Alabama Reinvestment 47-20	65050	F	age 5
rai	t IV Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		163	140
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	ļ	1	
_	below, the governing body of a supported organization?	11a	t .	
b	A family member of a person described in (a) above?	11b	 	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part			
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	ŀ	Ì	İ
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1	1	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	}	ì	1
	controlled the organization's activities. If the organization had more than one supported organization,	İ	1	1
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1	ł	ļ
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1_1_	ļ	
		ļ	İ	l
2	Did the organization operate for the benefit of any supported organization other than the supported	ļ		
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	ĺ	l	ļ
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		-
	supervised, or controlled the supporting organization.	2	<u> </u>	<u>l</u>
Sec	tion C. Type II Supporting Organizations		11/	
4	NAVARRA DE LA CARRA DEL CARRA DE LA CARRA DE LA CARRA DEL CARRA DE LA CARA DEL CARRA DE LA CARRA DE LA CARRA DE LA CARRA DE LA CARRA DE LA		Yes	No
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	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1		1
	or management of the supporting organization was vested in the same persons that controlled or managed	1		٠.
202	the supported organization(s). tion D. All Type III Supporting Organizations		L	Ь
566	non b. An Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1	
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the price	or tax	į	Į.
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	I .	}	
	organization's governing documents in effect on the date of notification, to the extent not previously provided		"	İ
_				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		}	1
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI h)	ł
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		├-
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1		1
	significant voice in the organization's investment policies and in directing the use of the organization's	{	1	1
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3_	<u> </u>	
<u>Sec</u>	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instruc	tions).
a				
þ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government	entity (see ii	$\overline{}$	
2			Yes	N
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	{	}	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			,
	those supported organizations and explain how these activities directly furthered their exempt purposes,			į .
	how the organization was responsive to those supported organizations, and how the organization determined	_		
	that these activities constituted substantially all of its activities.	<u>2a</u>	┼	┼
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more]
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	1
	reasons for the organization's position that its supported organization(s) would have engaged in these	1		
_	activities but for the organization's involvement.	<u>2b</u>	+	+
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		- -	-
	trustees of each of the supported organizations? Provide details in Part VI.	3a	+	┼
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of e			-
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	<u> </u>	1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiz	ations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	zations	s must complete Section	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		(op.o.ia.)
2 Recoveries of prior-year distributions	2		†
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or	+-+		
collection of gross income or for management, conservation, or	11		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8		
Section B - Minimum Asset Amount	10	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year).)		İ
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		Ţ
e Discount claimed for blockage or other	1		
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		T
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			1
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		1
8 Minimum Asset Amount (add line 7 to line 6)	8	- 	
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	-1	
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	\top		
emergency temporary reduction (see instructions).	6		L
7 Check here if the current year is the organization's first as a non-functionally	-ıntegi	rated Type III supportin	g organization (see
instructions).	_		

- 7 Excess distributions carryover to 2018. Add lines 3j and 4c.
- 8 Breakdown of line 7:
- a Excess from 2013
- b Excess from 2014
- c Excess from 2015
- d Excess from 2016
- e Excess from 2017

SCHEDULE O (Fórm 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Employer identification number Building Alabama Reinvestment 47-2065050 01. Description of other expenses (Part I, line 16) Description Amount Bank Service Charges 32 Conferences 18,312 100 Donations Dues and Subscriptions 675 Office Expenses 70 Travel 478